



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3599

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The Health Care District (HCD) of Palm Beach County's Mental Health Crisis Intervention Pilot Project will provide both acute 24/7 and chronic lifelong responses to mental health and substance use problems in our county by following SAMHSA's evidence-based guidelines in the "Crisis Now" Model. The overall goal is to reduce the impact of substance use and mental illness on our communities by connecting citizens to evidence-based treatment versus over-utilization or inappropriate utilization of criminal justice or emergency room services. The services will have a direct coordination to lifelong outpatient behavioral health services and substance use services and subspecialty higher levels of care.

5. **State Agency to receive requested funds**

State Agency contacted? Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2024-2025**

| Type of Funding | Amount |
|------------------------------------|------------------|
| Operations | 2,000,000 |
| Fixed Capital Outlay | 500,000 |
| Total State Funds Requested | 2,500,000 |

7. **Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)**

| Type of Funding | Amount | Percentage |
|--|------------------|-------------|
| Total State Funds Requested (from question #6) | 2,500,000 | 50% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 2,500,000 | 50% |
| Other | 0 | 0% |
| Total Project Costs for Fiscal Year 2024-2025 | 5,000,000 | 100% |

8. **Has this project previously received state funding?** No

| Fiscal Year (YYYY-YY) | Amount | | Specific Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
| | Recurring | Nonrecurring | | |
| | | | | |

9. **Is future funding likely to be requested?** No

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**



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If yes, indicate the amount of funds received and what the funds were used for.

The Health Care District (HCD) of Palm Beach County received \$33 million in COVID-19 federal funding that was used for expanded clinical staffing, infection control, testing, personal protective equipment, and healthcare equipment. This funding enabled the HCD to improve lab testing, expand capacity, and increase patient monitoring and care to increase access to healthcare during the pandemic.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

Health Care District of Palm Beach County

13. Details on how the requested state funds will be expended

| Spending Category | Description | Amount |
|--|---|------------------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | | 0 |
| Other Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Operational Costs: Other | | |
| Salary and Benefits | Staff for expanded hours at Mangonia Clinic: 9 FTE Registered Nurses, 6 FTE Crisis Counselors (licensed LCSW), 12 FTE Behavioral Health Techs, 3 FTE Prescribers (Psychiatrist, APRN, Resident), 2.0 Environmental Service Techs. | 1,500,000 |
| Expense/Equipment/Travel/Supplies/Other | Behavioral Health Link Software for 911 dispatch, facility leases and building operating expenses. | 250,000 |
| Consultants/Contracted Services/Study | Telehealth contracted personnel (Psychiatrist) for high volume times, Clinic security contracted from Palm Beach County Sheriff's Office. | 250,000 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | Facility improvements and expansion, security enhancements, furniture, fixed teleconference rooms. Separation of adult versus youth entrance and care. | 500,000 |
| Total State Funds Requested (must equal total from question #6) | | 2,500,000 |



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14. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?

Rapid response to crisis situations, in-depth crisis assessment, resolution of immediate issues, assistance in connecting individuals to outpatient mental health services, crisis planning, and continuous follow-up support. Reduction in necessity of psychiatric hospitalizations, minimization of unnecessary involvement of law enforcement, and reduction in visits to hospital emergency departments. Improved response, stabilization and continuing care for individuals in mental health or substance use disorder crisis.

b. What activities and services will be provided to meet the intended purpose of these funds?

Ensuring that Palm Beach County has all elements of the Crisis Now Model including Someone to Call, Someone to Respond, and Somewhere to Go.

c. What direct services will be provided to citizens by the appropriation project?

Crisis response dispatch, 24/7 mobile response for adults and youth and 24/7 access to behavioral health and substance use facility.

d. Who is the target population served by this project? How many individuals are expected to be served?

Palm Beach County Adults and Youth with mental health and substance use disorders, potentially serving 5% (75,000) of the Palm Beach County estimated population who are living with a severe mental illness.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Establish baseline and measure %change over time.

1. Reduction in homelessness over time in services
2. Reduction in criminal justice involvement over time in program
3. Reduction in child or adult protective services while in clinic
4. Reduction in attaining employment or disability while in program
5. Reduction in utilization of involuntary or crisis services once in the clinic.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?

Pay back unutilized funds.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)



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- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number